

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0851-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

2

Application Number

10/634,665

Filing Date

08/05/03

First Named Inventor

Robert Smith, et al.

Art Unit

3739

Examiner Name

Not Yet Assigned

Attorney Docket Number

0120102

**RECEIVED
CENTRAL FAX CENTER****OCT 27 2006****ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Request for Withdrawal as Attorney or Agent
and Change of Correspondence Address
(PTO/SB83)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Bryan Cave LLP

Signature

Printed name

Lucinda A. Althaus

Date

10/27/2006

Reg. No.

59,101

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

Typed or printed name

Lucinda A. Althaus

Date

10/27/2006

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PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/634,665
Filing Date	08/05/03
First Named Inventor	Robert Smith, et al.
Art Unit	3739
Examiner Name	Not Yet Assigned
Attorney Docket Number	0120202

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OCT 27 2006**

**To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 49328

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

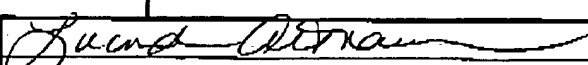
The reasons for this request are: Assignee has failed to pay one or more bills rendered by the petitioner for an unreasonable period of time. We have not been reimbursed for an unreasonable period of time for numerous services rendered to the client in other matters in which the undersigned and/or his firm has represented him. Upon information and belief, we will not be reimbursed for these services.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Miravant Medical Technologies, c/o Steven J. Rychnovsky				
Address	7408 Hollister Avenue				
City	Santa Barbara	State	California	Zip	93117
Country	USA				
Telephone				Email	
Signature					
Name	Lucinda A. Althaus			Registration No.	59,101
Date	10/27/2006			Telephone No.	314-259-2461

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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